

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150
www.kbml.ky.gov

Regular Medical/Osteopathic License Instructions

Before proceeding any further, if you have answered “yes” to a Category question on your electronic application, you will need to provide the Board with a typewritten narrative explaining your response to that question in detail and submit the letter along your application forms. Please see page 4 of these instructions for more details.

Upon completion of the online application for the Regular Medical/Osteopathic License and submission of your \$300 licensure fee, the following requirements will need to be completed:

FCVS Packet:

Federation Credentials Verification Service (FCVS) is a service of the Federation of State Medical Boards and is required by the Kentucky Board of Medical Licensure. The FCVS provides a permanent central depository for documents, which represent the core credentials of any physician. By using this service, the following core credentials are verified and kept in your lifetime portfolio for future credentialing by the FCVS:

- Identity
- Medical Education Verification
- Postgraduate Training Verification
- Exam Scores
- ECFMG and/or Fifth Pathway
- Board Actions
- American Board of Medical Specialties Certification

To complete the FCVS application go to <http://www.fsmb.org/fcvs.html>. Choose **Applications and Forms** under the **Physician** section in “For Physician or Physician Assistants” column. Please be sure to read information and follow the instructions provided for you on each screen you come to.

Important:

- **You will need to designate Kentucky as recipient of your FCVS Profile or your packet will not be sent to KBML.**
- **For questions regarding the FCVS process please go to:** http://www.fsmb.org/fcvs_faq.html
- **Time frames on the FCVS process:** Approx **12 weeks on an initial packet** and **4 weeks on a subsequent packet.**

Make sure to submit all of the required documents to the FCVS at the address below:

Federation Credentials Verification Service
Federation of State Medical Boards
400 Fuller Wiser Road, Suite 300
Euless, TX 76039

The FCVS will provide all support of their credentialing process. **Please do not contact the Kentucky Board of Medical Licensure regarding the FCVS application.** To check the status of your FCVS packet, please contact their Customer Service (888) 275-3287. Upon completion of all information and a final review for accuracy, the FCVS will forward your “Physician Information Profile” containing certified photocopies of your credentials directly to the Kentucky Board of Medical Licensure.

Important: The KY application forms provided to you in this document are fillable forms. You will be able to type in your information on each form in the fields highlighted in grey. All other fields are to be completed manually. You will need to print each fillable form from the “print form” button in the top right corner. Please note the applicable attachment is named in each requirement listed on the following requirements.

Application Appendix:

Complete the attached form in its entirety. Please note that ALL state licenses must be listed regardless of status or type. (a. KBML Application Appendix Fillable.pdf) 156KB

Affidavit and Release Form and Photograph:

Please read this form carefully. Attach (do not staple) a recent 2x2 passport photograph on application where indicated. Photograph must be no more than six months old and must be an original photograph. (Copies and scanned photos are not accepted) This form must be signed in front of a notary and returned along with your application. (b. Affidavit and Release Fillable.pdf) 174KB

Temporary Permit Request Form:

This form is only required if you need to practice prior to receiving full Board approval. You must have a Kentucky practice address. The temporary permits are not automatically issued. The temporary permit will be issued once eligible provided the form has been received by our office and a Kentucky practice address provided. See our Frequently Asked Questions for eligibility information: <http://www.kbml.ky.gov/physician/FAQ.htm> (c. Temporary Permit Form Fillable.pdf) 33 KB

Licensure Verification Form:

Complete the top portion of this form and mail it directly to each state where you currently hold or have ever held a license, regardless of the type of license or its current status. Some states charge a fee for verification, you will need to make sure to enclose the proper fee along with the verification form. The state will then mail us a formal verification of your license. **The only online verifications accepted by Kentucky are via Veridoc.org or the Indiana State Board's digitally certified online verification.** (d. Licensure Verification Form Fillable.pdf) 87KB

Hospital/Clinic Affiliation List and Verification Form:

The Affiliation Verification List should be completed by all hospitals/clinics, locum tenens assignments, and/or moonlighting within the past 5 years. Include all places that you have practiced medicine in the past 5 years, excluding solo private practice. If you have had more than 20 affiliations in the past 5 years, you will only be required to verify the last 20 affiliations. **If you have been in training or are still in training the list still needs to be completed, please mark "in training" on the form and submit.** (e. Affiliation Verification List Fillable.pdf) 69KB

You will need to complete the top portion of the Affiliation Verification Form and mail it directly to each facility listed on your Affiliation Verification List. This form is to be completed by administration or chairpersons and submitted directly to the Board. If you have only been in training this form does not need to be completed as your training is being verified by the FCVS. (f. Affiliation Verification Form Fillable.pdf) 54KB

Reference Form:

Two references are required. Please see the detailed instructions on page 8 of these instructions for how to complete this requirement. (g. Reference Form Fillable.pdf) 44KB

CME Form:

List all Category 1 CME credits you have obtained within the past three (3) years. **Do not send documentation.** If you have been in training during the past three years please write "in training" on the form and submit the form to the Board. This form is required. (j. CME Form Fillable.pdf) 71KB

Criminal Background Check Requirement:

Effective August 15, 2003, all persons applying for a Kentucky medical/osteopathic license must submit an FBI Criminal Background Check according to KRS 311.565. The Criminal Background Check Requirement Instructions on page 9 explain in detail how to obtain and submit this information to the Board. No applicant shall be issued a medical/osteopathic license until this background check has been received and cleared.

AMA or AOA Physician Profile:

An AMA physician profile is required of all applicants applying for a full medical license and an AOA physician profile is required of all applicants applying for a full osteopathic license. To complete the AMA physician profile go to: www.ama-assn.org/go/amaprofiles and choose the GO button next to the 'Physicians Only – Requests for Profiles to be Sent to Licensing Boards' option; to complete the AOA physician profile go to: <https://www.doprofiles.org/>, go to the box titled 'Physicians' and choose 'Send Your Profile.' Your profile will be sent to us directly from the AMA or AOA.

NPDB/HIPDB Self-Query Report:

The NPDB/HIPDB is the National Practitioner Data Bank/ Healthcare Integrity and Protection Data Bank. A self-query is required of all applicants applying for a full medical/osteopathic license. Please go to the following website: <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> Choose Place a Self Query. Follow the instructions on the screen. At the prompt click on "Myself (an Individual) you are now in the self-query and will need to complete as instructed. Be ready to provide identifying information, state healthcare license information (if you are licensed), and credit or debit card information. Once your identity is verified, the NPDB will process your request. When results are available, the NPDB will send you an email notification and instructions to view your self-query response online. The cover page will list any reports stored with the NPDB. If you do not have any reports, you will see "No Reports Found" on the cover page. Once the NPDB has completed the report they will email you an electronic copy and mail you the original. You may submit either to the Board.

Important Information Regarding Licensure in Kentucky

- The \$300.00 licensure fee is **non-refundable**.
- Once your payment has been submitted your application will automatically be active with the Board.
- **To check your application status, you will login into the KBML website using the login information you created.**
- Check carefully that all information provided on the forms to follow is accurate and complete to avoid delays. Illegible writing and inaccuracies on forms will delay processing time.
- **It is not the policy of the Board to expedite any application due to pre-mature commitments.** Please do not make firm commitments to start work on any certain date until you have your license in hand.
- **The application process takes approximately 60 – 90 days. This includes the time frame to obtain a temporary permit.**
- **If you have malpractice, disciplinary history, or we receive any negative or derogatory information during the processing of your application, you will need to allow an additional 30 – 60 days to your processing time.**
- **Faxed forms will not be accepted with the exception of the Temporary Permit Request Form.** All others must be originals mailed directly from the appropriate sources.
- **The Board requires written authorization from the applicant with signature in order to provide status updates to anyone other than the applicant.**
- **Be advised that an application must be complete by the Board deadline. This means that all verifications, including FCVS, have to be received in our office and verified by office staff as being accurate and complete.**
- **Board approval is required in order for the regular medical or osteopathic license to be issued; the Board meets quarterly to grant approval.**
- **For a list of the Board's dates and deadlines, please go to the Licensure Applications tab under Physician Licensure on the Board's website: www.kbml.ky.gov.** There is a Board Dates and Deadlines pdf document available for print.
- **You may not start a position until your regular medical/osteopathic license has been issued or until you have received a temporary permit to practice in Kentucky prior to receipt of Board approval and issuance of your regular license.**
- **Incomplete applications will remain in our office for one (1) year from the date your application is received by KBML.** After one year, your file will be purged and you will have to start the application process over in its entirety including the fee.
- **Once your Medical or Osteopathic License is issued your online username will become your license number and your password will become the last four digits of your social security number.**

Contact Information for your Licensure Coordinator:

Files with last name beginning A – K
Christina Check, Licensure Coordinator
Email: christina.check@ky.gov
Phone: 502/429-7940

Files with last name beginning L - Z
Cheryl Tabler, Licensure Coordinator
Email: cheryl.tabler@ky.gov
Phone 502/429-7933

Special Licensure Issues Documentation Requirements

When applying for licensure in Kentucky the below information is required for the listed issues. If more than one issue applies, the applicant will need to provide the information listed for each issue. The below documentation should be submitted along with the applicant's licensure fee and Addendums. All typewritten narratives are to be completed by the physician applying for licensure in Kentucky. The Board will not accept letters submitted on the physician's behalf. Any of the below issues may be grounds to deny a Kentucky medical license application.

Important information regarding the required narratives: If the physician has answered 'yes' to any numbered question on the application (Category I & II), the Board will have to determine whether or not to deny the application based upon the ground(s) disclosed. As part of the narrative, the physician should detail for the Board members why they should grant him/her a license to practice in Kentucky in spite of the grounds disclosed. Note: Upon review of the narrative, further documentation may be requested. If the 'yes' answer is in relation to an issue listed below, the applicant may combine the narratives.

Malpractice Actions

- Detailed typewritten narrative to the Board, regarding each malpractice suit.
- Settlement Agreements for each malpractice settlement.
- If there was a jury trial and a verdict, we will need a copy of the final judgment or trial order.

Criminal Convictions

- Detailed typewritten narrative to the Board, addressing the conviction(s).
- Copy of the final order adjudicating the applicant guilty of the crimes (judgment of conviction, sentencing order, etc.).
- If that document does not provide the details of the offenses, we will also need a copy of the charging document that sets out the allegations (indictment, complaint, etc.).

Actions by Other Licensing Boards

- Detailed typewritten narrative to the Board, addressing the actions taken on the applicant's license(s).
- Copy of the order that finally resolves the case (agreed order, consent agreement, final order, etc.).
- If that document does not set out the details of the violation, we will also need the charging document (the complaint, notice of charges, notice of hearing, etc.).
- If the final order incorporates information from other documents, we will need the referenced documents.

Hospital Actions

- Detailed typewritten narrative to the Board, addressing the actions taken on the applicant's privileges.
- Copy of the document that executes whatever action the hospital took, i.e., revocation, suspension or probation of privileges. Example: letter informing the applicant of the actions being taken.
- If that document does not provide the details of the grounds for the action, we will also need the supporting documents (Medical Executive Committee report, etc.).
- If the letter references or incorporates another document(s), we will need the referenced document(s).

Impaired Physicians

- Letter from the applicant's treating physician. If there is more than one treating physician, a letter will be required from each.
- Complete copies of any evaluations performed.
- Discharge summaries, if the applicant ever completed outpatient or inpatient treatment.
- If the applicant is under an impaired physician's contract, a copy of the contract must be submitted.
- If there is a related hospital or board action, we will also need the relevant hospital or Board documents.

Note: Once all of the above applicable items are received, that applicant will be referred to the Kentucky Physician Health Foundation for an evaluation. Once the evaluation is completed by the KPHF we will require their overall assessment, including a copy of the applicant's Foundation contract, if applicable.

False Answer on Application

- Detailed typewritten narrative to the Board, addressing why a false answer was given on a previous application.
- If a false answer was given on a previous application, then a copy of the previous application must be submitted to the Board, along with whatever document shows the "true" information.

Category I & II Questions

Category I will help the Board determine if you meet the essential eligibility requirements for licensure by virtue of your background, education, training and experience. If you are qualified to practice under Category I, Category II will be reviewed to help the Board determine if you are qualified to practice safely and competently, with or without reasonable modification. **If you have answered "Yes" to any of these questions electronically, you must attach a complete written explanation of the event(s) or condition(s), including dates, names, addresses, circumstances, and results along with your returned application forms.** The below are provided for your reference only as you have already answered these electronically.

Category I

1. Have you ever been dismissed from, resigned while under investigation, failed to complete an academic year, taken a leave of absence, or been placed on probation or reprimanded at a medical school or a postgraduate training program?
2. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
3. Have you ever been denied a license or denied the privilege of taking a licensure examination by any State, Federal or International licensure jurisdiction?
4. Have you ever had any license, certificate, registration or other privilege as a health care professional denied, revoked, suspended, probated, restricted or limited, or subjected to any other disciplinary action, by a State medical/osteopathic licensing board, or Federal, or International authority?
5. Have you ever been disciplined by any licensed hospital (including postgraduate training) or the medical staff of any licensed hospital, including removal, suspension, probation, limitation of hospital privileges or any other disciplinary action if the action was based upon what the hospital or medical staff found to be unprofessional conduct, professional incompetence, malpractice or a violation of a provision(s) of a Medical Practice Act?
6. Have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
7. Have you ever resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital, while under investigation or while you were subject to disciplinary proceedings by the hospital?
8. Have you ever been removed, suspended, expelled or disciplined by any professional medical facility, association or society?
9. Have you ever voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
10. Have you ever been or are you currently under investigation by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
11. Are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
12. Have you ever been convicted of a felony or misdemeanor by any State, Federal or International court?
13. Are any criminal charges presently pending against you in any of those courts?
14. To your knowledge, are you the subject of an investigation for a criminal act?
15. In the past ten (10) years have you had to pay a settlement or judgment in a malpractice action or other civil action against your medical practice, or are there any malpractice or other civil actions against your medical practice presently pending in any court?

Category II

1. Do you currently, or have you had within the past 5 years, any physical, mental, or emotional condition which impaired, or might reasonably impair your ability to practice your health care profession safely and competently?
2. Within the past 5 years, have you been admitted to any hospital or other in-patient care facility for any physical, mental or emotional condition, which impaired, or might reasonably be considered to impair, your ability to practice your health care profession safely and competently?
3. Do you currently have, or have you had within the past 5 years, a dependency on or abuse of the use of alcohol or drugs, which impaired, or might reasonably impair, your ability to practice your health care profession safely and competently?
4. Within the past 5 years, have you engaged in the excessive use of alcohol or illegal drugs, or received any in-patient or outpatient or individual therapy/treatment or been hospitalized for alcoholism, or illegal use, or been arrested for a DUI (Driving Under The Influence)?
5. Within the past 5 years, have you been the subject of any chemical substance screening test which resulted in an indication of the presence in your body of any controlled substance, any dangerous drug, or alcohol level above .10% BAC? (This does not include those drugs taken by you as a result of a legitimate health care diagnosis, and prescribed for you in good faith by another licensed health care professional.)

Reference Form Instructions

The following are instructions required when completing the reference form:

- **Two reference forms are required** per applicant.
- You are required to attach a 2x2 passport style color photograph to the reference form. You must also sign and date the form before giving to a recommending physician.
Black and white photographs will not be accepted.
- The reference form must be completed by a recommending physician who has known the applicant a **minimum of six months**.
- **A reference form will not be accepted from relatives, nor will they be accepted from another physician who is in the process of applying for a Kentucky license.**
- The recommending physician must be currently licensed and practicing and will be required to provide the state of residence and his/her license number on the reference form.
- **The recommending physician will be responsible for having his/her signature notarized upon completing the reference form. Additionally, the recommending physician must be fully licensed in the state which the form is notarized.**
- An incomplete reference form will be returned to the recommending physician, therefore will not be counted as complete until the form is corrected and returned to the KBML.
This will delay processing of your application.
- **Reference forms will not be accepted if mailed by applicant. The recommending physician must send the reference form directly to the KBML.** Faxes and/or scanned emails will not be accepted.

The completed reference form should be mailed to:

**Kentucky Board of Medical Licensure
310 Whittington Pkwy, Ste 1B
Louisville, KY 40222**

Should you have any questions concerning these instructions, please contact your Licensure Coordinator:

Christina Check (502) 429-7940
for physician applicants with last name A-K
christina.check@ky.gov

Cheryl Tabler (502) 429-7933
for physician applicants with last name L-Z
cheryl.tabler@ky.gov

Kentucky State Police and Federal Bureau of Investigation Criminal Background Check Requirement Instructions and Important Information

Per KRS 311.565(t), all persons applying for a Kentucky Medical/Osteopathic License are required to submit proof of a Kentucky State Police (KSP) and Federal Bureau of Investigation (FBI) Criminal Background Check to the Board as a part of their application for a license to practice medicine in the Commonwealth.

- KBML will mail you fingerprint cards along with your application acknowledgment letter once your application has been received.
- Your fingerprints do not have to be taken in Kentucky.
- The KSP Criminal Background Check is required even if you do not currently or never have lived in Kentucky.
- You will need go to your local law enforcement agency to have your fingerprints taken. Some places may charge a fee to take your fingerprints.
- Identification must be provided to the law enforcement agency at the time the fingerprints are taken.
- If your local law enforcement agency only does electronic fingerprinting via LiveScan and does not accept the fingerprint cards provided to you by KBML, you may have them scan your fingerprints **ONLY** if they are able to print your scanned prints. If they do not have that capability you will need to go to a different agency to have the fingerprints taken.
- If you are having your prints scanned and printed, please make sure the agency scanning your prints leaves the ORI Number section blank.
- Once your fingerprints have been taken you will need to mail them to KBML along with the required fee for processing at the address below:

**Kentucky Board of Medical Licensure
310 Whittington Pkwy, Suite 1B
Louisville, KY 40222**

- **The fee for processing both background checks to be completed is a total of \$34.75.** KSP charges \$20 for completion of the Kentucky Background Check. The FBI charges \$14.75 for completion of the Federal Background Check.
- **The fee must be paid by check or money order and must be made payable to the Kentucky State Treasury.** The Kentucky State Treasury will pay the FBI directly for your federal background check.
- KBML will be mailing, to the KSP, all fingerprint cards with payment received for the week on Friday of each week.
- The KSP will mail KBML the KSP and FBI results directly once completed.
- KBML will be receiving your KSP and FBI background check results within two to four weeks of the Boards submission of your prints to the KSP.
- If your fingerprints are rejected you will be notified in writing and a new fingerprint card will be included with the notification. The prints will need to be mailed back to KBML once completed. You will not be required to resubmit the fee.
- If your fingerprints are rejected a second time KBML will send you (either by mail or email) an FBI Affidavit to have signed and notarized. This Affidavit will be accepted in lieu of the background check results.

- KBML cannot provide the Kentucky State Police results to you, the licensee, or anyone else per KRS 17.150(4). You may contact the KSP at (502) 227-8700 and complete a "Criminal History Review" for a fee of \$20.
- You have the right to complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI record are set forth in Title 28, C.F.R., Section 16:34. To obtain a copy of your FBI record (or lack thereof) please go to: <http://www.fbi.gov/about-us/cjis/background-checks>. See Steps 1-5 under the heading "How to Request a Copy of Your Record."
- FBI FAQ: <http://www.fbi.gov/about-us/cjis/background-checks/faqs>. (Question 10 refers to how to challenge your record.)
- Any discrepancies reported will make the processing time of your application longer and your application may be considered a special licensure item at the applicable quarterly Board meeting.
- Your criminal background checks are valid in our office for a period of one year (for active applications only).
- If you have a previously expired application and are re-applying for licensure in the Commonwealth of Kentucky you will need to complete a new background check.

Please note: The background check requirement on your application status will not be marked complete until the Board has received the results from the KSP and FBI, not when your check and fingerprint card are received from you.